

LANGUAGE ACCESS IN THE COURTS ADVISORY COMMITTEE

Court Interpreter Report of Continuing Education Activities For Period Ending December 31, 2017

THIS REPORT, ALONG WITH \$10.00 RENEWAL FEE, MUST BE FILED ON OR BEFORE MAY 15, 2018

**** A PENALTY OF \$35.00 IS ASSESSED IF NOT FILED ON OR BEFORE AUGUST 15, 2018 ****

IF YOU DO NOT TIMELY FILE OR PAY YOU WILL BE REMOVED FROM THE ROSTER AND SUSPENDED

2018 Annual Report and Statement

Personal Information

	New		New
Name:		Current Class (A, B, C):	
Address:		Sign Language Interp?:	Y N
Telephone:		Miles You are Willing to Travel to Interpret:	
E-Mail:		Total # of times of court interpreting (not hours):	

The above information should be the same as what is currently listed on the roster. If you need to make any changes (e.g. a new address), please put the new, correct information in the spaces above and then place a ✓ or X in the "New" box.

Annual Questionnaire

You must answer the following two questions:

- A. Have you ever been barred or suspended from interpreting in any jurisdiction?
Yes ____ No ____ If yes, which jurisdiction(s):
- B. Have you ever been convicted of a felony or any lesser crime of dishonesty?
Yes ____ No ____ If yes, which jurisdiction(s):

Continuing Education Units (CEU) Certification

Please check which item (1, 2, 3, or 4) is applicable to you and complete the instructions for the item you check.

___ 1. I was newly added to the roster sometime in 2017. I do not have a CEU requirement for 2017. If I did attend any CEU in 2017, they are listed on this report.

___ 2. I attended at least six hours of approved CEU events and one hour of ethics in calendar year 2017 as shown by the listing on the back of this report.

___ 3. I did not attend the required hours of approved CEU events for calendar year 2017 and need additional time. I have completed the *Request for Extension of Time to Fulfill the Continuing Education Requirement* on the back of this form.

___ 4. I no longer wish to be an interpreter in the Iowa court system and am requesting a certificate of exemption pursuant to Iowa Rule of Court 47.7(7). I understand that I will need to be reinstated pursuant to Rule 47.7(6) before I can interpret in Iowa's courts or be listed on the roster.

Please make sure you updated your personal information.

Mail Report and check made payable to "Court Interpreters" to:

Iowa Judicial Branch Building, Attn: Court Interpreters, 1111 East Court Ave., Des Moines, Iowa 50319

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2018 Annual Report and Statement (continued)

Personal Information

Name:

Class A, B or C:

<i>CEU Transcript for Calendar Year 2017</i>					
Sponsor of the Event	Program Name or Presentation Title	Date(s)	Live or On-Demand	Hours Approved*	
				Regular	Ethics
The following sponsors are automatically approved for continuing education credit: Iowa Interpreters and Translators Association (IITA), American Translators Association (ATA), National Association of Judiciary Interpreters and Translators (NAJIT), Registry of Interpreters for the Deaf (RID), the National Center for State Courts (NCSC), the Iowa Judicial Branch, or the Office of Professional Regulation. All others needs to be separately approved for CEU credit.	2017 Continuing Education Hours Attended:				
	2016 Hours Carried Forward:				
	Total Continuing Education Hours:				
	Less 2017 Requirement: <small>Not applicable to those added to the roster in 2017</small>			6	1
	Continuing Education Hours Carried Forward: <small>Not to exceed 6 hours, no ethics</small>				

Certification of Accuracy

In submitting this Annual Report pursuant to Iowa Court Rule 47.7 I hereby certify that all of the information listed is true and correct and that I did in fact attend the accredited activities indicated for the number of hours listed above.

Date

Signature

<i>Request for Extension of Time to Fulfill the Continuing Education Requirement</i>	
Pursuant to Iowa Court Rule 47.7(5) I hereby state that I have <u>not</u> completed the required number of CEU hours for calendar 2017 and need additional time to meet the requirement. I am making this request for additional time.	
_____ Date	_____ Signature

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